

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Mississippi Department of Insurance		CONTACT PERSON Aaron Sisk	TELEPHONE NUMBER (601) 359-2012	
ADDRESS P.O. Box 79		CITY Jackson	STATE MS	ZIP 39205
EMAIL Aaron.sisk@mld.state.ms.us	SUBMIT DATE 11-28-11	Name or number of rule(s): 19 Miss. Administrative Code Pl. 3, R. 15: Mississippi Health Carrier External Review Regulation		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: **To provide uniform standards for the establishment and maintenance of external review procedures to assure that covered persons have the opportunity for an independent review of an adverse determination or final adverse determination, as defined in this regulation, as required by the Affordable Care Act.**

Specific legal authority authorizing the promulgation of rule: *Miss. Code Ann. §83-5-1; P.L. 111-148-Marc. 23, 2010 (Patient Protection and Affordable Care Act)*

List all rules repealed, amended, or suspended by the proposed rule: **None**

**ORAL PROCEEDING:**

☒ An oral proceeding is scheduled for this rule on Date: December 20, 2011 Time: 10:00 a.m. Place: Mississippi Insurance Department, 501 N. West Street, Suite 1001 Woolfolk Office Bldg., Jackson, MS 39201.

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

**ECONOMIC IMPACT STATEMENT:**

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

**TEMPORARY RULES**

\_\_\_\_ Original filing  
\_\_\_\_ Renewal of effectiveness  
To be in effect in \_\_\_\_ days  
Effective date:  
\_\_\_\_ Immediately upon filing  
\_\_\_\_ Other (specify): \_\_\_\_


**PROPOSED ACTION ON RULES**

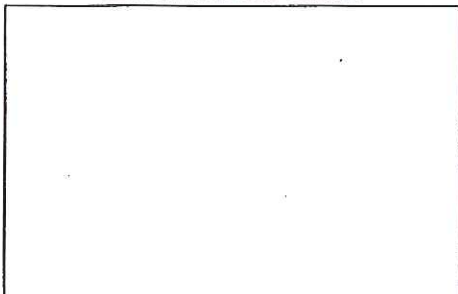
Action proposed:  
☒ New rule(s)  
\_\_\_\_ Amendment to existing rule(s)  
\_\_\_\_ Repeal of existing rule(s)  
\_\_\_\_ Adoption by reference  
Proposed final effective date:  
\_\_\_\_ 30 days after filing  
☒ Other (specify): January 1, 2012

**FINAL ACTION ON RULES**

Date Proposed Rule Filed: \_\_\_\_  
Action taken:  
\_\_\_\_ Adopted with no changes in text  
\_\_\_\_ Adopted with changes  
\_\_\_\_ Adopted by reference  
\_\_\_\_ Withdrawn  
\_\_\_\_ Repeal adopted as proposed  
Effective date:  
\_\_\_\_ 30 days after filing  
\_\_\_\_ Other (specify): \_\_\_\_

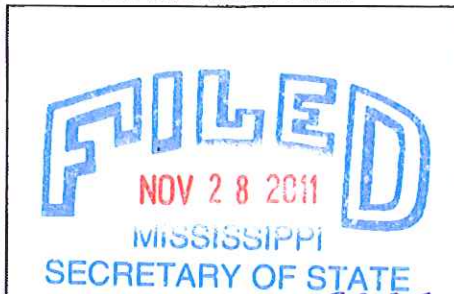
Printed name and Title of person authorized to file rules: **Stephanie L. Ganucheau, Special Asst. Atty. General**

Signature of person authorized to file rules: 

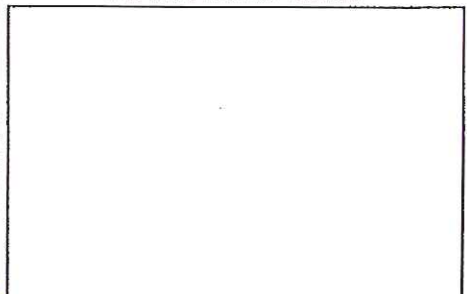
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.